

REMOTE ACCESS REQUEST FORM
 VPN (Virtual Private Network)
 Applicant Information

Requestor:		School / Office:	
(Print clearly your full name)		Facility Code #:	
Job Title:		Telephone #:	
Username (if applicable):			
Are you a CMSD Employee? YES <input type="checkbox"/> NO <input type="checkbox"/>		CMSD Sponsor:	
If no, please explain:			
Contractor/Vendor Company Name:			
Address1:			
Address2:			
Address 3:			
Phone #1:		Phone #2:	Fax #:
E-Mail Address:			

User Requirements:

1. Has the Requestor reviewed the Remote Access Policy? YES NO
2. Has the Requestor reviewed the Virtual Private Networking (VPN) Policy? YES NO
3. Purpose of Request:
4. Can you install and configure the VPN Cisco AnyConnect Secure Mobility Web Client? YES NO
URL Address: vpn.clevelandmetroschools.org

System Requirements:

- To install the VPN Cisco AnyConnect Secure Mobility Web Client:
 - Type in the browser: **vpn.clevelandmetroschools.org**
 - Please follow the instructions in the VPN Connection Guide
- To use the VPN Cisco AnyConnect Secure Mobility Web Client:
 - Direct network connection (cable or DSL modem) is required
- Security: AntiVirus Software
 - Any AntiVirus software is acceptable as long as it is up-to-date

NOTE: Internet Explorer 6 is no longer supported

Applicant: (Signature) _____	Date: _____
Approved by: (Signature) _____	
Approved by: (Print Name) _____	
Approved by Title: (Print Title) _____	
Telephone: _____	Group Name: _____